

## **APPLICATION DATA SHEET**

### **Application Information**

**Application Number::**

**Filing Date::** January 30, 2004

**Application Type::** Regular

**Subject Matter::** Utility

**Suggested Classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::**

**Number of CD Disks::**

**Number of Copies of CDs::**

**Sequence Submission?::**

**Computer Readable Form  
(CFR)?::**

**Number of Copies of CFR::**

**Title::** LOW COST PROCESS FOR MANUFACTURE OF  
HURRICANE RESISTANT, GLASS, IMPACT  
RESISTANT UNITS

**Attorney Docket Number::** 41212-200409

**Request for Early Publication?::**

**Request for Non-Publication?::**

**Suggested Drawing Figure::**

**Total Drawing Sheets::**

**Small Entity?::** YES

**Latin Name::**

**Variety Denomination Name::**

**Petition Included?::**

**Petition Type::**

**Licensed US Govt. Agency::**

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.::**

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** U.S.  
**Country::** United States of America  
**Status::** Full Capacity  
**Given Name::** Charles  
**Middle Name::** Edward  
**Family Name::** BAYHA  
**Name Suffix::**  
**City of Residence::** Collierville  
**State or Province of Residence::**  
**Country of Residence::** United States of America  
**Street of Mailing Address::** 728 Tissington Drive  
**City of Mailing Address::** Collierville  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** United States of America  
**Postal or Zip Code of Mailing Address::** 38017

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** U.S.  
**Country::** United States of America  
**Status::** Full Capacity  
**Given Name::** James  
**Middle Name::**  
**Family Name::** LUNDE  
**Name Suffix::**  
**City of Residence::** St. Croix Falls  
**State or Province of Residence::**  
**Country of Residence::** United States of America

**Street of Mailing Address::** 205 Blanding Woods Road  
**City of Mailing Address::** St. Croix Falls  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** United States of America  
**Postal or Zip Code of Mailing Address::** 54024

### **Correspondence Information**

**Correspondence Customer Number::** 26694  
**Phone Number::** 202-344-4000  
**Fax Number::** 202-344-8300  
**E-Mail Address::**

### **Representative Information**

**Representative Customer Number::** 26694

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>This application is a</b>	<b>Non-Provisional</b>	<b>60/444,203</b>	<b>February 3, 2003</b>
	<b>Continuation of</b>		

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

## **Assignee Information**

**Assignee Name::**

**Street of Mailing Address::**

**City of Mailing Address::**

**State or Province of Mailing  
Address::**

**Country of Mailing Address::**

**Postal or Zip Code of Mailing  
Address::**